

☐ Local Building Department

## INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/fire/fp\_bs\_comm\_code/



**INSTRUCTIONS:** Please refer to the attached four (4) page instructions. Variance number (Assigned by department) Attach additional pages as needed to complete this application. 15-04-5 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner) Name of applicant Nelson Miller committee Chairperson Name of organization Telephone number Blessed Beginning Care Center (574) 354-9311 Address (number and street, city, state, and ZIP code) 2521 E. Market St., Nappanee, IN 46550 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) Name of applicant Rob Martin Project Mgr. Name of organization Telephone number Barr Design Group LLC (574) 534-6531 Address (number and street, city, state, and ZIP code) 502 S. Main St., Goshen, IN 46526 3. DESIGN PROFESSIONAL OF RECORD (If applicable) Name of design professional License number Douglas L. Graham PE60014305 Name of organization Telephone number Barr Design Group LLC (574) 534-6531 Address (number and street, city, state, and ZIP code) 502 S. Main St., Goshen, IN 46526 4. PROJECT IDENTIFICATION Name of project State project number County Bldg. Remodel for Blessed Beginning Care Center Elkhart Address of site (number and street, city, state, and ZIP code) 2521 E. Market St., Nappanee, IN 46550 Type of project □ New ☐ Addition □ Change of occupancy □ Existing 5. REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions) One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. Written documentation showing that the local fire official has received a copy of the variance application. Written documentation showing that the local building official has received a copy of the variance application. 6. VIOLATION INFORMATION Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order? ☐ Yes (If yes, attach a copy of the Correction Order.) Has a violation been issued? ☐ Yes (If yes, attach a copy of the Violation and answer the following.) ☐ No Violation issued by:

□ Local Fire Department

☐ State Fire and Building Code Enforcement Section

7. DESCRIPTION OF REQUESTED VARIANCE		
Name of code or standard and edition involved	Specific code section	
2014 Indiana Building Code	Table 503	
Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)  This existing building was a V-B, non-spk, "B" Occupancy. Proposed use will change the occupancy to an I-2. Proposed new occupancy will require an automatic fire suppression system, which will be designed & installed per code. Per table 503, V-B construction is not permitted, rather only V-A construction. We would like to remain as V-B construction.		
2. DEMONSTRATION THAT DIDLIC HEALTH SAFETY AND WELFARE WILL DE DROTECTED		
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED  Select one of the following statements:		
Non-compliance with the rule will not be adverse to the public health, safety or welfare; or		
Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).		
Facts demonstrating that the above selected statement is true:  The entire I-2 area of the proposed remodel will be protected with an automatic fire suppression system. All exits of the building are at the level of exit discharge. Current floor plan exceeds the number of required exits by 200% (2 requred, 4 provided). Additionally, egress windows are being provided in each of the 8 birthing suites. Finally, at no time shall the newborn infant be out of the direct care of the mother, father and or staff.		
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE  Select at least one of the following statements:		
Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.		
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Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.		
Facts demonstrating that the above selected statement is true:  Undue hardship in this case is in realtion to the V-A requirement, more specifically the 1 hour rated ceiling / roof assmebly. Building is currently finished with a susnepded ceiling with many mechanical & electrical runs up into the attic. Adhearance to the V-A construction type would require countless fire dampers as well as the extra drywall. The additional costs associated with this modification combined with the expense of the automatic fire supression system (50K) will be fiscally restrictive to the entire project.		
10. STATEMENT OF ACCURACY		
I hereby certify under penalty of perjury that the information contained in this application is accurate.		
	print name	Date of signature (month, day, year)
	Martin	2-26-15
	print name	Date of signature (month, day, year)
	glas L. Graham	4/40/13
11. STATEMENT OF AWARE'NESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement.)		
I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.		
Signature of applicant Please	print name	Date of signature (month, day, year)
Mole Male	on Miller	2-12-2015



## NAPPANEE FIRE DEPARTMENT

Providing Fire Protection & Emergency Services in the Nappanee Community Since 1892

2/20/15

Indiana Department of Homeland Security c/o Barr Design Group, LLC 502 S. Main St. Goshen, IN 46526

RE: Application for Variance to allow an I-2 occupancy, equipped with an automatic fire suppression system, to be of type V-B Construction for Blessed Beginning Care center located at 2521 E. Market St., Nappanee, IN 46550

The Nappanee Fire Department, which will service the building for Blessed Beginning Care Center located at 2521 E. Market St., Nappanee, IN, has received a copy of the application as well as plans for the variance filed by Barr Design Group, LLC with the Indiana Department of Homeland Security to allow an I-2 occupancy, equipped with an automatic fire suppression system, to be of type V-B Construction.

Nappanee Fire Department

Don Lehmon, Lus Chief





## Barr Design Group

502 S. Main St., Goshen, IN 46526
Tel: 574-534-6531 Fax: 574-534-6565 Email: info@barrdesigngroup.com



February 26, 2015

Indiana Department of Homeland Security Code Services Section 302 West Washington Street, W246 Indianapolis, IN 46204-2739

Re: Variance Application to allow an I-2 occupancy, equipped with an automatic fire suppression system, to be of type V-B Construction for Blessed Beginning Care center located at 2521 E. Market St., Nappanee, IN 46550

## To Whom It May Concern:

Please find enclosed Application for Variance to allow an I-2 occupancy, equipped with an automatic fire suppression system, to be of type V-B Construction for Blessed Beginning Care Center located at 2521 E. Market St., Nappanee, IN 46550. Also enclosed is a check for \$276.00, Letter from the local fire official, Don Lehman who also serves the City of Nappanee as the Local Building Offical, and two (2) copies of the support Drawings.

Please contact us if you should require any additional information, or if you should have any questions or input. Thank you for your time and efforts, we appreciate them.

Rob Martin

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cc: Blessed Beginning Care Center